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**Mutual  
OF OMAHA**



MUTUAL OF OMAHA INSURANCE COMPANY

your good neighbor

HOME OFFICE OMAHA, NEBRASKA  
V. J. SKUTT, PRESIDENT

June 13, 1962

Government Employees Health Assn.  
GEHA, Inc.  
P. O. Box 463  
Washington, D. C.

STAT Attn.   
President

STAT

Dear 

I am enclosing a copy of the certificate that we issue under the specially designed group insurance contracts for dependent children of government employees who are over 19 years of age and who are full-time students in an accredited college.

This item was discussed during our meeting of June 6, 1962, during which time we gave you copies of the solicitation material and quoted a rate of \$40 a student per year.

If you wish to make this coverage available for your group, please advise us and we will have the necessary master contracts drawn up.

Sincerely,

*MC Conway*

Norman C. Conway  
Regional Service Manager  
Group Div.

MH  
Enc.

*To be dealt at renewal  
time next year.*

*8/22/62.*

# MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION



OMAHA

NEBRASKA

(Hereinafter called the Association)

Certifies that GROUP MASTER POLICY NO. GMG-1806 (herein referred to as this policy) has been issued to

AMERICAN FOREIGN SERVICE PROTECTIVE ASSOC., INCORPORATED

(Herein called the Policyholder)

Subject to the terms and conditions of this policy, the person named below (hereinafter called the protected person) is insured thereunder for the benefits described on the succeeding pages hereof.

This Certificate of Insurance shall not be valid unless a Certificate Validation Form identifying the Protected Person has been affixed to this space.

The insurance evidenced by this Certificate is provided under and is subject to all of the provisions of this policy, certain of which provisions are set forth in this Certificate.

MUTUAL BENEFIT HEALTH &amp; ACCIDENT ASSOCIATION

A handwritten signature in cursive ink that reads "W.J. Maginn".

Secretary.

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Form 701 MGC  
No. 1

### GENERAL PROVISIONS

**PROTECTED PERSON**—The term "protected person" as used herein refers to the person named on the first page hereof while such person is insured under this policy and is included within the classes stated in the application.

**AMOUNTS OF COVERAGE**—If a protected person's classification changes, the amounts for which he is covered under this policy shall be adjusted to conform to his new classification effective the first day of the policy month following the date his classification changes, but only after the Association has been notified by the Policyholder of such change in classification.

In the event of a change in classification or in the plan of insurance because of an increase or decrease in benefits, a protected person who is not actively at work on the date a change in the amount of his coverage would otherwise become effective shall not be entitled to such benefit change until he returns to active work.

**TERMINATION OF INDIVIDUAL INSURANCE**—The insurance of a protected person shall terminate on whichever of the following dates occurs first:

- (a) the first day of the policy month following the date he ceases to be within the classes of persons eligible for the insurance under this policy, or
- (b) the date that any contribution required on the part of the protected person is due and unpaid, or
- (c) the first date of the policy month following the date the Policyholder receives notice from the protected person that his insurance is to be terminated, or
- (d) the date this policy is discontinued, or
- (e) the date the protected person enters the Armed Forces on full-time active duty.

A person who is eligible for insurance because of employment shall cease to be within the classes of persons eligible for insurance upon termination of employment. Termination of employment shall, for the purpose of this insurance, be defined as cessation of active work by layoff, work stoppage, leave of absence, resignation, dismissal, being pensioned or retired or cessation of active work because of disability.

If a protected person ceases to be within the classes of eligible persons, his insurance shall terminate on the date specified in the preceding paragraphs except that upon payment of the premium for such protected person by the Policyholder, he shall continue to be a protected person for the period specified in this policy.

If a protected person's insurance is terminated during a disability covered by this policy and the protected person returns to active work at the end of the period of his disability, his insurance under the policy may be reinstated as of the date of his return to work without evidence of insurability.

If, at the time of termination of insurance, the protected person is receiving benefits in accordance with the provisions of this policy, such benefits shall continue to be paid for the balance of the period for which he would otherwise have been entitled to such benefits.

**EXCLUSIONS AND LIMITATIONS**—This policy does not cover (a) accidental bodily injuries arising out of or in the course of the employment of the protected person or his dependents or sickness covered by a Workmen's Compensation Act or similar legislation, (b) hospitalization or medical or surgical treatment provided by or paid for by the United States government or any instrumentality thereof, (c) any loss caused by war or any act of war, or (d) loss incurred while engaged in military, naval or air service.

## PLAN OF INSURANCE

GMG-1806

Effective Date see validation form

The amount of insurance for a protected person's dependent shall be in accordance with the protected person's classification in this Plan of Insurance.

Classification

Class 1 - All eligible protected persons

<u>Insurance Benefits</u>	<u>Class 1</u>	<u>Dependents</u>
<b>HOSPITAL EXPENSE BENEFITS</b>		
Daily Benefits	XXXX	\$15.00
Maximum Number of Days Payable	XXXX	31 days
Maximum Miscellaneous Hospital Expense	XXXX	\$150.00
(Includes \$25.00 for private ambulance and \$25.00 for other than hospital employed anesthetist.)		
<b>SURGICAL OPERATION EXPENSE BENEFITS</b>		
Surgical Schedule	XXXX	D
Maximum Surgical Payment	XXXX	\$300.00

## DEPENDENT INSURANCE

ELIGIBILITY. Eligible dependents shall be the unmarried children of the protected person who:

- (a) are between the age of 19 and 23 years,
- (b) are full-time students in an accredited college or university,
- (c) are dependent upon the protected person for support and maintenance, and
- (d) were insured as dependents under either Group Master Policy No. GMG-1728 or No. GMG-1798 issued by the Mutual Benefit Health & Accident Association.

Benefits provided by this policy shall be reduced by the amount of benefits provided by the Extended Benefits section of either of the above-named policies.

EFFECTIVE DATE OF DEPENDENT INSURANCE. Insurance for dependents for whom the protected person makes application in his original application for insurance (provided the application was made during the required qualifying period, if any, or within 31 days from the date the protected person became eligible for insurance under this policy) shall be effective on the date the protected person's insurance becomes effective.

Insurance for dependents who become eligible after the effective date of the protected person's insurance and for whom the protected person makes application within 31 days from the date they become eligible, shall be effective on the later of:

- (a) the date application in their behalf is made, or
- (b) the date they become eligible.

If written application for an eligible dependent is made at any time other than that specified in the two preceding paragraphs, or if a protected person applies for reinstatement of his dependent insurance after it has been terminated because of failure to make any agreed contribution when due, the protected person shall be required to furnish, at his own expense, evidence satisfactory to the Association of the insurability of each eligible dependent the protected person then has and such insurance shall not become effective prior to a date determined by the Association.

If a dependent is confined in a hospital on the date such dependent becomes eligible or on the date a change in coverage would otherwise become effective, the dependent's insurance or change in coverage shall not become effective until final discharge from the hospital.

TERMINATION OF DEPENDENT INSURANCE. The insurance of any dependent insured hereunder shall terminate on whichever of the following dates occurs first:

- (a) the first premium due date following the date such dependent ceases to be an eligible dependent, or
- (b) the date the protected person's coverage hereunder terminates, or
- (c) the date the protected person fails to make the agreed contribution for dependent coverage, or
- (d) the date the dependent enters the Armed Forces on full-time active duty, or
- (e) the date this policy is discontinued.

#### CONVERSION PRIVILEGE FOR DEPENDENTS

If an insured dependent ceases to be eligible for insurance under this group policy, such dependent shall be entitled to have issued to him, without furnishing evidence of insurability, an individual policy; provided that such person makes written application and the first premium payment therefor to the Association within thirty days after termination of his insurance under this group policy. The form of the individual policy, the coverage thereunder, and all other terms and conditions thereof shall be as provided by the rules of the Association for such individual policy at the time such application.

The individual policy, if issued, shall become effective on the day the application is signed or on the date of termination of insurance under this group policy, whichever is the later, and any benefits which are payable under this group policy shall be excluded from coverage under the individual policy.

This conversion privilege is not available in the event the dependent's insurance is terminated because of termination of the group policy by the Policyholder.

Regardless of any provision contained in this conversion privilege, the issuance of any policy described herein shall be subject to all of the rules and regulations of the state in which application is made.

**HOSPITAL EXPENSE BENEFITS**  
(for protected persons and dependents)

The benefits for dependents provided under this HOSPITAL EXPENSE BENEFITS provision shall be applicable only if the protected person is eligible for, has requested and is insured for such dependent benefits.

The Daily Benefit, Maximum Number of Days Payable, Maximum Miscellaneous Hospital Expense Benefit, Special Anesthetic Benefit and Ambulance Benefit referred to in this provision are specified in the Plan of Insurance.

**HOSPITAL ROOM BENEFIT** -- If a protected person or an eligible dependent, because of accidental bodily injuries or sickness, shall be confined as a resident patient in a legally constituted hospital, the Association, provided such hospital confinement commences while the protected person or dependent is insured under this policy, will pay benefits for the expense actually incurred for hospital room and board during the period of hospital confinement, but not to exceed the Daily Benefit per day nor to exceed the Maximum Number of Days Payable for any one period of hospital confinement.

**MISCELLANEOUS HOSPITAL EXPENSE BENEFITS** - During the period of hospital confinement for which benefits are paid under the preceding paragraph, the Association will pay for the expense actually incurred for all other necessary care and treatment for which the hospital makes a charge (excluding charges made by the nurse or physician) together with the expense actually incurred for regular and customary charges made by

- (1) persons other than regular hospital personnel for administration of anesthetic (not to exceed the Special Anesthetic Benefit for any one period of hospital confinement), and
- (2) the ambulance company for transportation to and from the hospital in an ambulance (not to exceed the Ambulance Benefit for any one period of hospital confinement),

but not to exceed, in the aggregate, the Maximum Miscellaneous Hospital Expense Benefit for any one period of hospital confinement.

**EXTENDED BENEFITS** -- In case of the protected person's or an eligible dependent's hospital confinement within thirteen weeks after termination of such protected person's or such dependent's insurance, provided such protected person or dependent shall have been totally and continuously disabled and under the regular care and attention of a legally qualified physician from the date of such termination to the date of commencement of hospital confinement, the Association will pay benefits during such period of hospital confinement as provided in the two preceding paragraphs; subject, however, to the limits specified in the Plan of Insurance in force on the date the protected person's or dependent's insurance was terminated.

**HOSPITAL OUTPATIENT EXPENSE BENEFITS** -- (A) If a protected person or an eligible dependent, while insured under this policy, shall, because of accidental bodily injuries, be confined in a hospital as an outpatient within twenty-four hours after the accident, the Association will pay for the hospital expenses actually incurred, during said twenty-four hours for care, treatment and services of the type described under MISCELLANEOUS HOSPITAL EXPENSE BENEFITS, but not to exceed, in the aggregate, the Maximum Miscellaneous Hospital Expense Benefit.

(B) In case of hospital confinement of a protected person or an eligible dependent for a surgical operation resulting from accidental bodily injuries or sickness, and for which there is no charge for hospital room and board made by the hospital, the Association, provided such confinement occurs while the protected person or dependent is insured under this policy and further provided that in case of accidental bodily injuries no benefits are payable under Paragraph (A), will pay for the hospital expenses actually incurred during such confinement for care, treatment and services of the type described under MISCELLANEOUS HOSPITAL EXPENSE BENEFITS, but not to exceed, in the aggregate, the Maximum Miscellaneous Hospital Expense Benefit for all such expense incurred for any one period of hospital confinement.

SUCCESSIVE PERIODS OF HOSPITAL CONFINEMENT -- Successive periods of hospital confinement shall be considered one period of hospital confinement unless:

- (1) in the case of a protected person, the subsequent confinement commences after return to active work on full time or unless the subsequent confinement is due to causes entirely unrelated to the causes of the previous confinement, or
- (2) in the case of a dependent, the subsequent confinement commences more than three months after the previous confinement or unless the subsequent confinement is due to causes entirely unrelated to the causes of the previous confinement.

EXCLUSION -- This HOSPITAL EXPENSE BENEFITS provision does not cover pregnancy, including resulting childbirth or miscarriage. This provision is also subject to the exceptions contained in the EXCLUSIONS AND LIMITATIONS section of the General Provisions.

**SURGICAL OPERATION EXPENSE BENEFITS**  
(for protected persons and dependents)

The Surgical Schedule referred to in this provision is specified in the Plan of Insurance.

The benefits for dependents provided under this SURGICAL OPERATION EXPENSE BENEFITS provision shall be applicable only if the protected person is eligible for, has requested and is insured for such dependent benefits.

If a protected person, or an eligible dependent, while insured under this policy, shall, because of accidental bodily injuries or sickness, have an operation performed or a dislocation or fracture repaired by a legally qualified doctor of medicine, the Association will pay for the expense actually incurred therefor, but not to exceed the Maximum Payment specified for such operation in the Surgical Schedule.

**CONDITIONS:**

- (1) Two or more surgical procedures performed through the same abdominal incision will be considered as one operation (the most expensive surgical procedure shall govern).
- (2) Where successive operations are performed during one period of disability, but not through the same abdominal incision, the amount payable for each shall not exceed the Maximum Payment specified for each and the amount payable in the aggregate shall not exceed the Maximum Payment for the most expensive operation listed in the Schedule.
- (3) Successive operations shall be considered to have been performed during one period of disability unless:
  - (a) in the case of a protected person, the subsequent operation is performed after return to work on full time or unless the subsequent operation is due to causes entirely unrelated to the causes of the previous operation.
  - (b) in the case of a dependent, the subsequent operation is performed more than three months after the previous operation or unless the subsequent operation is due to causes entirely unrelated to the causes of the previous operation.
- (4) In the event of termination of the protected person's or dependent's insurance, this SURGICAL OPERATION EXPENSE BENEFITS provision shall continue to be operative for an additional thirteen weeks; provided such protected person or dependent is totally and continuously disabled and under the regular care and attention of a legally qualified doctor of medicine from the date of such termination to the date of the surgical operation or the fracture or dislocation repair. Benefits for such surgical procedure shall be payable in accordance with the Surgical Schedule specified in the Plan of Insurance in force on the date the protected person's or dependent's insurance was terminated.
- (5) This SURGICAL OPERATION EXPENSE BENEFITS PROVISION does not cover pregnancy, including resulting childbirth or miscarriage. This provision is also subject to the exceptions contained in the EXCLUSIONS AND LIMITATIONS section of the General Provisions.

## SURGICAL SCHEDULE "D"

	Maximum Payment	Maximum Payment
<b>ABDOMEN</b>		
Appendectomy, freeing of adhesions or exploration of, or cutting into, the abdominal cavity-----	\$150.00	
Removal of, or other operation on gall bladder -----	225.00	
Gastroenterostomy-----	225.00	
Resection of stomach, bowel or rectum-----	300.00	
<b>ABSCESSES. (See Tumors)</b>		
<b>AMPUTATIONS</b>		
Thigh, leg-----	187.50	
Upper arm, forearm, entire hand or foot -----	150.00	
Fingers or toes, each-----	22.50	
<b>BLOOD TRANSFUSIONS</b> , each-----	37.50	
<b>BREAST</b>		
Removal of benign tumor or cyst requiring hospital confinement -----	75.00	
Simple amputation -----	150.00	
Radical amputation -----	225.00	
<b>CHEST</b>		
Complete thoracoplasty, transthoracic approach to stomach, diaphragm, esophagus, sympathectomy or laryngectomy-----	300.00	
Removal of lung or portion of lung -----	300.00	
Bronchoscopy, esophagoscopy -----	60.00	
Induction of artificial pneumothorax, initial-----	37.50	
refills, each (not more than 12) -----	15.00	
<b>CYSTS. (See Tumors)</b>		
<b>DISLOCATIONS. Reduction of</b>		
Hip, vertebra, ankle-joint, elbow or knee-joint (patella excepted) -----	52.50	
Shoulder-----	37.50	
Lower jaw, collar-bone, wrist or patella -----	22.50	
For dislocations requiring an open operation, the maximum amount of payment is 2 times amount indicated.		
<b>EXCISION OR FIXATION BY CUTTING</b>		
Hip-joint -----	225.00	
Shoulder, knee-joint, semilunar cartilage, elbow, wrist or ankle-joint -----	150.00	
Removal of diseased portion of bone, including curettage (Alveolar processes excepted) -----	75.00	
<b>EAR, NOSE OR THROAT</b>		
Fenestration, one or both sides -----	300.00	
Mastoidectomy, one or both sides Simple-----	150.00	
Radical -----	225.00	
Tonsillectomy, adenoidectomy, or both-----	45.00	
<b>EAR, NOSE OR THROAT (Continued)</b>		
Sinus operation by cutting (puncture of antrum excepted) -----	\$ 75.00	
Submucous resection of nasal septum-----	75.00	
Tracheotomy-----	75.00	
<b>EYE</b>		
Operation for detached retina-----	300.00	
Cataract, removal of -----	225.00	
Any other cutting operation into the eyeball (through the cornea or sclera) or cutting operation on eye muscles -----	150.00	
Removal of eyeball-----	112.50	
<b>FRACTURE. Treatment of</b>		
Thigh, vertebra or vertebrae, pelvis, (coccyx excepted) -----	112.50	
Leg, kneecap, upper arm, ankle (Pott's) -----	75.00	
Lower jaw, (Alveolar process excepted) collar-bone, shoulder blade, forearm, wrist (Colles'), skull -----	37.50	
Hand, foot -----	22.50	
Fingers or toes, each-----	15.00	
Nose -----	15.00	
Rib or ribs, three or more fewer than three-----	37.50	
If compound fracture, maximum amount of payment is 1 1/2 times amount indicated. If open operation, maximum amount of payment is 2 times amount indicated. (Bone grafting or bone splicing considered as open operation; skeletal traction pin is not so considered.)		
<b>GENITOURINARY TRACT</b>		
Removal of, or cutting into, kidney-----	300.00	
Fixation of kidney -----	225.00	
Removal of tumors or stones in ureter or bladder by cutting operation -----	150.00	
by endoscopic means -----	52.50	
Cystoscopy-----	37.50	
Removal of prostate by open operation-----	225.00	
Removal of prostate by endoscopic means -----	150.00	
Circumcision-----	22.50	
Varicocele, hydrocele, orchidectomy or epididymectomy, single -----	75.00	
bilateral -----	112.50	
Hysterectomy-----	225.00	
Other cutting operations on uterus and its appendages with abdominal approach -----	150.00	
Cervix amputation-----	75.00	

	Maximum Payment		Maximum Payment
<b>GENITOURINARY TRACT (Continued)</b>		<b>SPINE OR SPINAL CORD</b>	
Dilatation and curettage (nonpuerperal), cervix cauterization or cauterization, polypectomy, or any combination of these -----	\$ 37.50	Operation for spinal cord tumor -----	\$ 300.00
Vaginal plastic, operation for cystocele or rectocele -----	112.50	Operation with removal of portion of vertebra or vertebrae (except coccyx, transverse or spinous process) -----	225.00
<b>GOITRE</b>		Removal of part or all of coccyx, or of transverse or spinous process --	75.00
Removal of thyroid -----	225.00		
Removal of adenoma or benign tumor of thyroid -----	150.00		
<b>HERNIA</b>			
Single hernia-----	150.00	Benign or superficial tumors and cysts or abscesses requiring hospital confinement -----	37.50
More than one hernia -----	187.50	not requiring hospital confinement -	15.00
<b>JOINT</b>		Malignant tumors of face, lip or skin-	75.00
Incision into, tapping excepted -----	37.50		
<b>LIGAMENTS AND TENDONS</b>			
Cutting or transplant, single -----	75.00		
multiple-----	112.50		
Suturing of tendon, single -----	52.50		
multiple-----	75.00		
<b>PARACENTESIS</b>			
Tapping -----	22.50		
<b>PILONIDAL CYST OR SINUS</b>			
Removal of -----	75.00		
<b>RECTUM</b>			
Hemorrhoidectomy, external -----	37.50		
internal or internal and external-----	75.00		
Cutting operation for fissure -----	37.50		
Cutting operation for thrombosed hemorrhoids -----	22.50		
Cutting operation for fistula-in-ano, single -----	75.00		
multiple-----	112.50		
<b>SKULL</b>			
Cutting into cranial cavity (trephine excepted)-----	300.00		
trephine -----	37.50		
		<b>TREATMENT OF TUMORS BY X-RAY, RADIUM OR RADIATION THERAPY:</b>	
		Payment for treatment of tumors by X-ray, radium or radiation therapy will be made, but the total payment shall not exceed 100% of the amount provided for removal by cutting operation.	
		If X-ray, radium or radiation therapy is used, either before or after removal of a tumor by a cutting operation, the total payment for both surgical removal and X-ray, radium or radiation treatment shall not exceed the amount provided for removal by cutting operations.	
		<b>VARICOSE VEINS</b>	
		Injection treatment, complete procedure, one or both legs -----	60.00
		Cutting operation, complete procedure, one leg -----	75.00
		both legs-----	112.50

Any cutting operation not specified in this Schedule will be covered and the Association will determine the amount of payment (based on the amount payable for an operation of similar average severity).

### **SETTLEMENT OF CLAIMS**

**PAYMENT OF CLAIMS**—All indemnities provided by this policy other than benefits, if any, for loss of time on account of disability will be payable within sixty days after receipt of due proof.

If this policy includes indemnity for loss of time on account of disability, all accrued benefits payable for loss of time will, subject to due proof of loss, be paid each two weeks during the period for which the indemnity is payable hereunder, and any balance remaining unpaid at the end of such period will be paid immediately upon receipt of due proof.

If this policy includes indemnity for loss of life of the protected person, resulting from accidental bodily injuries, any such indemnity which may become payable shall be paid to the beneficiary designated by the protected person or, if there is no beneficiary designated or surviving, to the estate of the protected person. All other indemnities shall be payable to the protected person.

Consent of the protected person's beneficiary, if one be named, shall not be requisite to any change of beneficiary, or to any changes in this policy.

If any benefits of this policy shall be payable to the estate of the protected person or to a protected person or beneficiary who is a minor or otherwise not competent to give a valid release, the Association may pay to the hospital, physician or surgeon, on whose charge or fee claim is based, any sums due for Hospital Expense Benefits, Surgical Expense Benefits or Medical Expense Benefits toward satisfaction of any amounts still owed such hospital, physician or surgeon, and any balance of such sums and any sums due for Accident and Sickness Weekly Benefits may be paid, up to an amount not exceeding \$1,000.00, to any relative by blood or connection by marriage of the protected person or beneficiary who is deemed by the Association to be equitably entitled thereto. Any payment made by the Association in good faith pursuant to this provision shall fully discharge the Association to the extent of such payment.

**MEDICAL EXAMINATION**—The Association shall have the right, through its medical examiner, to examine the protected person so often as it may reasonably require during the pendency of a claim hereunder, and the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

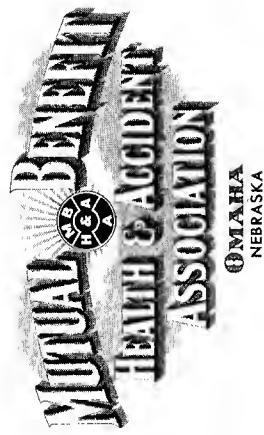
**NOTICE AND PROOF OF CLAIMS**—Written notice of injury or of sickness, for which claim is made, must be given the Association at its Home Office in Omaha, Nebraska, within sixty days after the date of the accident or within sixty days after the commencement of the sickness. In event of accidental death, if covered by this policy, written notice thereof must be given to the Association within twenty days after the date of death. Proof of such injury or sickness must be furnished to the Association at its Home Office in Omaha, Nebraska, within ninety days after the end of the period of disability for which claim is made. Failure to furnish notice or proof within the required time shall not invalidate nor reduce any claim if it shall be shown that notice or proof was given as soon as was reasonably possible.

The Association will furnish such forms as are usually furnished by it for filing proofs of loss. If such forms are not so furnished before the expiration of fifteen days after the Association receives notice of any claim hereunder, the person making such claim shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting within the time fixed herein for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

**LEGAL PROCEEDINGS**—No action at law or in equity shall be brought for recovery under this policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this policy and no such action shall be brought at all unless brought within three years from the expiration of the time within which proof of loss is required by this policy.

**CONFORMITY WITH STATE STATUTES**—Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the Policyholder resides on such date is hereby amended to conform to the minimum requirements of such statutes.

Minutiae of OMAHA



CERTIFICATE